

Foster Family Home - Corrective Action Report

Provider ID: 1-569676

Home Name: Jedeliah Felix, CNA

Review ID: 1-569676-6

2730 Kalihi Street

Reviewer: Jackie Chamberlain

Honolulu HI 96819

Begin Date: 11/12/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - see applicable sections of the review

Home is in compliance with all requirements. Home will receive a 3 bed re-certification for 2 years

Jackie Chamberlain RW
Compliance Manager

[Signature]
Primary Care Giver

11/12/19
Date

11/12/19
Date